

No. 300  
10.48

FILED MAR 23 1954  
STANDARD CERTIFICATE OF DEATH

10824  
State File No. 5335

REG# 116774  
BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 5335

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1. PLACE OF DEATH  
a. COUNTY ST. LOUIS  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.  
c. LENGTH OF STAY (in this place) 18 DAYS  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI  
b. COUNTY  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS  
d. STREET ADDRESS (If rural, give location) 102 S. Beaumont

3. NAME OF DECEASED  
a. (First) Edward  
b. (Middle) (NMI)  
c. (Last) WARD  
4. DATE OF DEATH (Month) (Day) (Year) 2-27-54

5. SEX MALE  
6. COLOR OR RACE NEGRO  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED  
8. DATE OF BIRTH 7-4-96  
9. AGE (In years last birthday) 57  
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF-EMPLOYED  
10b. KIND OF BUSINESS OR INDUSTRY CONFECTIONARY OWNER  
11. BIRTHPLACE (State or foreign country) OKOLONA, MISSISSIPPI  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME SAM WARD  
13b. MOTHER'S MAIDEN NAME ADA (UNKNOWN)  
14. NAME OF HUSBAND OR WIFE CLARA WARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES  
16. SOCIAL SECURITY NO. WW I 409 01 8995  
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO. ADDRESS

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b)  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐  
21f. HOW DID INJURY OCCUR? WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 2-9, 1954, to 2-27, 1954, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE Casimir Mogenis, M.D. (Degree or title)  
23b. ADDRESS M.D. VET ADM HOSP., JEFF BRKS, MO.  
23c. DATE SIGNED 2-27-54

24a. BURIAL, CREMATION, REMOVAL (Specify)  
24b. DATE 3/4/54  
24c. NAME OF CEMETERY OR CREMATORY National Cemetery  
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG 3/2/54  
REGISTRAR'S SIGNATURE  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Wade Granberry 4202 Finney Ave.  
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*William E. Green*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4428*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.